



Services Committee Meeting Minutes
 October 14, 2014
 1:00 PM – 4:00 PM
 1325 J Street, Suite 1700
 Sacramento, CA 95814

Committee Members:	Staff:	Other Attendees:
Commission Miller-Cole Commissioner Gordon Jim Gilmer Pete LaFollette Rocco Cheng Kenneth White	Kevin Hoffman Jose Oseguera Wendy Desormeaux Holli Reed Jennifer Whitney Renay Bradly	Stacie Hiramoto, REMHDCO Steve Leoni, Client Advocate Rick De Gette, Alameda BHS Jacqueline Porque Alameda BHS Erin Reynoso, REDMHCO Rusty Selix, MHA

***Participation by Phone**

Hector Ramirez, Lindsay Walter, Karen Todoroff
 Absent: Bill Brown, Co-Chair; Tina Wooton, Co-Chair; Kristina Kaufman; Maria Salinas;
 Mary Hale, Autumn Valerio, Kathleen Casela

Agenda Item 1: Welcome/Introductions and Adoption of September 9, 2014 Meeting Minutes

The Chair called the meeting to order at 1:05 PM and welcomed everyone in attendance, either physically or on the phone. All meeting participants introduced themselves.

Ken White moved to adopt the minutes and the motion was seconded by Commissioner David Gordon. The minutes passed by unanimous vote.

A committee member expressed appreciation that the minutes captured the spirit of the comments made at the meeting and are reflective of how people are trying, from various vantage points, to have the system delivery be implemented in the spirit of the act.



Public Comment

A committee member presented feedback from an Orange County ER physician. “In Orange County the Director of Behavioral Health for the health care agency boasts of having over 200 County programs to serve the mentally ill and most of them are MHSA funded but a county employee is nowhere to be found if someone on a hold is brought into our emergency department.” The committee member stated that this was illustrative of how new program and new services do not address the severely mentally ill coming in.

Agenda Item 2: Report Out From Student Mental Health Task Force on Integration of School Services and Behavioral Health

The following is a brief summary of information provided by Rusty Selix and Commissioner Dave Gordon.

When PEI programs were implemented roughly 5 years ago, the sense was that all of the money went out to identifying high risk populations, figuring out where they go for help and then trying to link them to that help. The feeling now is that there are better approaches in the following four special settings that will ultimately reach almost everybody:

1. Mental Health Care System
2. Schools
3. Internet
4. Workplace (Similar to what is needed for schools but will have a lot further to go.)

The majority of school age children who receive mental health treatment services on campus more than anywhere else. Yet, there is no systematic approach to providing this mental health care.



3 Tiered Model

1st tier- Generally called Positive Behavioral Intervention and Supports. This tier provides a positive environment for all students and is intended to prevent students from developing mental health issues.

2nd tier- Having a system in place to assist children who are showing signs of problems or at risk behaviors. Early Mental Health Initiative (EMHI) grants for schools showed good outcome data. Programs in this tier teams teachers and mental health service providers in the classroom.

County mental health has the funding to provide care to Medical students. On average, about ½ of public school students are Medical students. Numbers needing mental health care is probably higher than half. Through the savings that school are projected to realize in tier three, schools could direct these savings to cover non- Medical students in tier 2.

Tier 3 is the special education process. This funding already exists in schools, in the Individual Education Program (IEP) process, and intensive care. There are many levels of Special Education mental health. Most expensive students are removed from the regular classroom and put in a non- public school, though these students account for a very tiny percentage of the special education students, but account for about 60% of Special Education resource utilization. Schools in CA get a capitated or per student amount for Special Education. If they spend it then they have to use general unrestricted dollars.

If this three tier model was implemented, there would be a dramatic reduction and almost elimination of non-public school placements.

The commission formed a task force with wide representation from schools and mental health professional who recognized that not enough people know about this model.

The task force will be developing the following products:

- 1) Cookbook and financial model to show people it is financially feasible.
- 2) Prospectus for foundation support of pilots.



Committee member comments:

- Thank You for the sensitivity to community of colors and some of the issues they are facing. The goal is to dismantle the pipeline where kids of color are mis-diagnosed, receive disproportionate disciplinary action, over referred to Special Education, and over medicated. What is the depth of involvement in this project of communities of color?
- How do you help immigrant parents help American born children develop a healthy cultural identity? Need to think about partnerships and who is providing the services. The focus should be on providing the best for the needs of the kids and not whose turf it is. Suicide screening should become routine in the education system.
- The suggestion was made to do a publicity campaign about the huge public expense, of incarceration, hospitalization and the current fail first system.
- Arizona is doing a projection which will look at the correlation of how many kids will end up in prison with their 3rd grade reading level.
- NAMI program, Parents and Teachers as Allies does a great job at trying to change the attitude of the teachers. If teachers view the child as a problem, as opposed to someone experiencing an illness, they are going to continue to stigmatize that child. The program trains the teachers in signs and symptoms of mental illness and how to effectively communicate with the parents about what they are seeing in the classroom. And then how to work with the parents to take that information and do something with it.
- We need to work with the insurance companies, from the parents up, as well as from the insurance company down.
- Having a Muti- tier approach avoids the labeling of kids, because all of the kids need some level of support, and the teacher has some help to provide it.
- Sacramento County is going to try pilots in Pre- schools.
- The Cleveland Ohio School District adopted the Path Promoting Alternative Thinking Program. The Program works on the school environment and works with the students on developing emotional quotient (EQ).



- Encourage peer mentors in this program to help get the message out there that things can be better and persons with disabilities are able to work with their condition.
- If the time out room could be the opportunity room we would all be better off.

Public Comment

- What was said about role models is very important, the mix that worked really well was when you had a few people who were really bad off.
- One of the things I frequently see missing is educating the kids themselves of mental illness and accepting it. Teaching the people who are experiencing challenges it is not who they are.
- One of the missing pieces is the relationship between the county and the education system. We need to rebuild those relationships and it is important to have somebody on the workgroup to improve those relationships. People on Katie A Lawsuit might have some recommendations on people who would be appropriate.
- Mental Health America will be putting on a related webinar later this month, on Community Inclusion.

Committee Member Report- Out on MHSA Program Implementation

Santa Barbara has hired a new Director, Ann Gledhorn, who will be starting in December of this year.

Santa Barbara County staff are doing outreach and encouraging attendance at the November 6th Community Forum.

LA County:

- The NAMI walk was held over the last weekend. It provided an opportunity for MHSA stakeholders to meet with other agencies.
- Wanted to re-emphasize as was discussed in the last meeting that utilizing social media to reach out to stakeholders is really important in tailoring messages to various constituencies.



- The Native American Mental Health Conference will be held in November and coincides with the end of Native American History Month.
- Mental health issues are being more freely discussed and dialog is becoming more common.

Orange County:

- Implemented Assisted Outpatient Treatment under Laura's Law on October 1, 2014. The contract is a sole source selection for Telecare. County is now doing training to help the community identify which consumers are likely to qualify for the services and the process for requesting an evaluation of the people who may need the services.
- At the stakeholders meeting, they discussed three types of outreach and engagement programs:
 1. Street outreach - Going to gathering sites where people are gathering in the community.
 2. Fixed services - Going out to locations that serve homeless populations and helping establish mental health services.
 3. Field contacts - Triage phone calls for people who call and need help.
- We need to be clear about what we expect from Counties on outcomes and data reporting.
- County is beginning to seeking information on 3rd phase of innovation projects. RFP for second phase might not go out to RFP until next spring as the county is facing a lot of administrative hurdles. The committee staff wonders if other counties are having similar difficulties.
- For Mental Health Awareness Week, the County had a couple of events:

Trinity Presbyterian church had a Candlelight service

Saddleback Church did 24 Hours of Hope.

NAMI walk two weeks ago, largest one ever with about 2,300 people. Heard from a family member who brought his son who stated, "What was so cool about today, was that I was with a whole group of people and I felt completely accepted. I did not feel like I needed to be anything other than myself. I felt accepted and cared for. It was maybe the best day of my life."



- Maybe we are beginning to do something right. We are beginning to build community.

Conferences and meetings attended by Jim Gilmer:

- Congressional Black Caucus Annual Convention (Federal) – A lot of emphasis on young men of color and their high risk issues. Federal initiative “My Brother’s Keeper” is targeting young men of color from a prevention standpoint. This would be a good area of focus to try and leverage MHSA funds with the federal dollars being spent on this effort.
- Pacific Clinics Conference – Focused on community defined evidence, evaluation, and community defined practices. Stressed the need for evaluation data for people of color.
- Spirituality and Mental Health Conference Oakland- Very diverse and very inclusive. Important component on reducing disparities. A lot of momentum to focus more on the Spirituality initiative within MHSA
- Little Hoover Commission -Jim was able to present how services continue to be a challenge for reducing race and ethnic disparities and to hear from the MHSOAC.

Jim is hoping as we move forward into 2015/2016, that we have a concrete plan on how we are going to reduce racial and ethnic disparities.

Pacific Clinics

- Co- sponsored Native- American Veterans Associations Summit in LA, which focused on the needs of veterans and their family members as they return from the war zone.
- CDRP plan still at agency. A Webinar was held on the Phase 2 CDRP design. This webinar was to initiate the dialog with stakeholders and give them the opportunity to ask questions and provide input.



- Pacific Clinics and CDRP held a “Best Practices in Our Communities Conference.” Community Defined Evidence Practices, are still evidence based practices, they just have different levels of evidence. Have to look at tools that are being used and determine if they are appropriate for use with ethnic communities.
- The Spiritually Conference focused on how to include faith leaders as allies and provide additional support to mental health consumers.
- Small agencies are generally more impacted by cost of training to ensure fidelity to evidence based practices.

A committee member echoed concerns mentioned in testimony at Little Hoover Commission, regarding:

- Data collection
- The absence of central governing authority on system delivery state wide
- Each county administering MHSA funds autonomously
- The absence of a broad unification of the counties of statewide court systems

General Public Comment

No Public Comment on this item.

Agenda Item 4: Alameda County’s Individual Placement and Supported Employment Program

Presenters:

Rick Degette, Vocational Services Director, Alameda County Behavioral Health Care Services.

Jackie Pogue, Individual Placement and support (IPS) Trainer, Alameda County Behavioral Health Care Services.

IPS is an evidence based practice of supported employment for consumer. IPS has 20 years of randomized control research with different demographics and in many parts of the world. They are currently partnering with 16 states and 3 countries.

The IPS program staff helps people with serious mental illness to get and keep competitive employment in the community that anybody could ably for whether they had a disability or not.

Johnson and Johnson is the main funder.



Four pilot projects are being implemented in a cautious way, as they want to prove and demonstrate success along the way.

IPS utilizes a common sense approach:

- Someone expresses an interest to work.
- They meet with an Employment Specialist.
- They and the employment Specialist go out together to find a job.

Features of the IPS program:

- Rapid job search - Employment Specialist or the client make contact within 30 days, and clients make at least 6 face-to face contacts with employment managers each week.
- Follow up supports- After employment is secured, supports are individualized and continuous.
- Individualized benefits counseling.
- Focus on competitive jobs- not sheltered work, transitional or volunteer opportunities.
- Strength based model- help people sort out issues and work around things that might work around.
- Quality Review tool -25 item fidelity scale, fidelity reviews every six months to a year interviews with stakeholder in the IPS program. Action plan to improve areas.

Committee Member Comments and Presenters Responses:

- Committee member inquired about support being offered during non- traditional hours and working with homeless individuals.
- All of the IPS programs are embedded within a mental health program. Some of the employment specialists have flexible schedules.
- Is there data regarding the Disproportionate unemployment rates for young persons of colors? The program collects basic demographic data.



- Two of the pilot projects have peers in their mental health programs which have been very supportive of employment specialists.
- Important aspects of this program:
 - The investment in client preference.
 - Not everybody wants to be a role model. So it is important to listen to their field of interest.
- The program supports going to school when related to going to work. Jackie's position is 100% MHSA funded so no cost consultation is offered to pilot programs.
- Steering committee is inclusive of providers, staff, consumers and family members Department of Rehab provide feedback and governance for the program. The Pool of Consumer Champions joined forces with program and NAMI.
- Would like to have medical reimburse for all the services. Some states have implemented a state plan amendment for this. MHSA funds could be used as match for Federal Participation.
- Workforce Investment Opportunities Act should be looked at as a resource. They might send you money in order to discharge their obligation.
- In Switzerland they have done a five year follow up of IPS services. The cost savings are huge. Employed people use less public mental health services.

Public Comment

- It is good that these services focus on what the clients would like to do. You want people working in the system because it is their calling not because it is the only thing available to them.
- Do people need to be enrolled in clinical services?
 - Response: With Affordable Care Act there may be opportunities to branching out to people who are not going to access public mental health services. The model proven to work in context of mental health but room to branch out to other settings and populations.
- Non- traditional community based support systems are important. Look at ways to expand by platooning out to small neighborhood sites and faith based services.



Agenda Item 5: Information Item: Update on New Commission Chair and Vice-Chair, and Committee Application process

Victor Carrion is the new Chair of the MHSOAC- represents the Attorney General

John Buck is the new Vice Chair- represents Employers with less than 500 employees

Applications for the committee available.

Discussion around rule about serving on only one committee

Community Forum will be held on November 6th in Ventura.

- REMCO is co- sponsoring with the CDRP Project, a reception following the forum.
- Ventura Client Network will be helping with greeting etc. Contact by consumer stakeholder project that wants to put on an event prior to the forum.

Agenda Item 6: Information Item: 2014 Charter Activity wrap-up: An Opportunity for Committee Members to Review 2014 Charter Activities and Provide Input on Items that Should Roll Over into the 2015 Charter

Would like to see some attempt to list objectives and then action plan attached in a spreadsheet format. Helps makes things more concrete and understandable. Ties actions to objectives.

We need to reflect on measurable objectives. Several follow up items were brought up in the last year but we do not have a system to move things that are brought up into taking measurable steps. How do we influence collaboration with other Committees?

Would like to see people able to sit on more than one committee to provide for some linkage. The Committee does not feel connected to the Commission and it is disjointed.



Would like to see very clearly how activities are connected to agenda updates.

Committee members were reminded the Commission reserves the right to accept or reject the information brought forward by committees.

The fact that Tina Wooton is the only consumer seated on the Commission, feels like it is precluding stakeholder process.

Just because we don't have official oversight does not mean that we don't have an ethical responsibility. Can provide technical assistance and ideas about what is going on statewide. We lack a taxonomy of what is going on with these different areas. Need an overall understanding of what is going on; a way to provide value to the Commission without having approval authority.

Hopefully the Little Hoover Commission will suggest creative ways to make policy recommendation to counties and DHCS on things we can do to reduce disparities.

Perhaps in each committee there could be a liaison with the other committees.

Commissioner Gordon responded, that if there is not sufficient communication between the committees that is something for the full Commission to discuss.

General Public Comment:

- There is a need to work on communication between committees. The evaluation committee is looking at General System Development Money this committee should look at that evaluation project as well.
- The Planning Council will meet over the next three days. They are contemplating becoming a behavioral health committee. Majority of information presented during this session will be on substance abuse services
- With the combination of members of the Services Committee, The Chair, the purpose, and the staff the Services Committee can still be very powerful. The Little Hoover Commission expressed concern over the lack of Oversight and Accountability. We need to step into that role; just because we don't have authority it does not mean the committee cannot serve as a bully pulpit.



- Application deadline for Committee membership is November 10th
- Chair serves on a two year cycle
- I feel Personal distress because of the reasons outlined. I feel like I need lobby the OAC for permission for continuing to be seated.
- Process for Committee member selection is outlined in rules and procedures.
- Commissioner Miller Cole- I hear your recommendation to move up to executive leadership the issue of revisiting the decision about members only being allowed to serve on one committee.

Adjournment

Meeting adjourned at 4:08 PM.